



# COMMUNITY DEVELOPMENT DEPARTMENT PLANNING DIVISION

## TEMPORARY USE PERMIT (TUP)

### EVENT INFORMATION

PROPERTY ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ CENTER NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

STARTING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_ NUMBER OF DAYS: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

### CHECK BOX FOR EVENT

- |   |   |
|---|---|
| <input type="checkbox"/> PARKING LOT SALE                   | <input type="checkbox"/> COMMERCIAL CARNIVAL                |
| <input type="checkbox"/> NON-COMMERCIAL CAR WASH            | <input type="checkbox"/> NON-COMMERCIAL CARNIVAL            |
| <input type="checkbox"/> CHRISTMAS TREE & PUMPKIN SALES LOT | <input type="checkbox"/> CIRCUS WITH TENT                   |
| <input type="checkbox"/> COMMERCIAL MOBILE HEALTH CLINIC    | <input type="checkbox"/> HOBBY RELATED MOTOR VEHICLE REPAIR |
| <input type="checkbox"/> NON-COMMERCIAL TENT MEETINGS &     | <input type="checkbox"/> RECYCLING PERMIT                   |

### EXHIBITS

☐ OTHER: \_\_\_\_\_

### APPLICANT INFORMATION

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: (\_\_\_\_\_) \_\_\_\_\_ Facsimile: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*I have read the City's regulations concerning temporary use permits and agree to abide by them. I understand that the activity permitted under this TUP must be discontinued on the ending date specified on this form. Where this permit is for a parking lot or sidewalk sale, I certify that the sales are in conjunction with and clearly incidental to an existing permanent use on-site. I further understand that flags, pennants, banners, portable signs, or other types of promotional paraphernalia are prohibited by the Riverside Municipal Code.*

PROPERTY OWNER OR AUTHORIZED  
REPRESENTATIVE'S SIGNATURE

DATE

APPLICANT'S SIGNATURE

DATE

# TEMPORARY USE PERMIT (TUP)

## STAFF USE ONLY

### REQUIRED AGENCY REVIEWS (CHECK BOXES AS NEEDED)

AGENCY NAME	SIGNATURE & DATE:	COMMENTS/ CONDITIONS:
<input type="checkbox"/> Building Division	_____	_____
<input type="checkbox"/> Public Utilities (Water)	_____	_____
<input type="checkbox"/> Public Utilities (Electric)	_____	_____
<input type="checkbox"/> Fire Department	_____	_____
<input checked="" type="checkbox"/> Business Tax (Required)	_____	_____
<input checked="" type="checkbox"/> Planning Division (Required)	_____	_____
<input type="checkbox"/> Police Department	_____	_____
<input type="checkbox"/> County Health Department	_____	_____
<input type="checkbox"/> Other	_____	_____

### TOTAL NUMBER OF TUPs PER TYPE ON THIS SITE

Year to Date: \_\_\_\_\_

Still Available: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

FEES: \_\_\_\_\_

PLANNER'S INITIALS: \_\_\_\_\_

SUBMITTAL DATE: \_\_\_\_\_

NOTES:

3900 Main Street – Third Floor, Riverside, CA 92522  
Phone: (951) 826-5371 / Fax: (951) 826-5981  
[www.riversideca.gov/planning](http://www.riversideca.gov/planning)